

DIRECTIVE

WORKFORCE INVESTMENT ACT

Number: WIAD02-12

Date: March 11, 2003

69:136:lh:6479

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: WIA MONTHLY REPORTING INSTRUCTIONS (*INACTIVE*)

EXECUTIVE SUMMARY:

Purpose:

This directive provides guidance for the monthly reporting requirements of the Workforce Investment Act (WIA) program.

Scope:

These requirements apply to the subgrantees in receipt of WIA 15 percent statewide and 25 percent rapid response/additional assistance funds.

Effective Date:

This directive is effective on date of issue.

REFERENCE:

- WIA Final Rule Section 667.300(b)

STATE-IMPOSED REQUIREMENTS:

This document contains State-imposed requirements. These requirements are in ***bold italic*** print.

FILING INSTRUCTIONS:

This directive finalizes draft directive WIADD-48, issued for comments on January 9, 2003. Retain this directive until further notice.

BACKGROUND:

The federal administration and the Department of Labor (DOL) continue to monitor the expenditure levels WIA funds across the nation.

To enhance our efforts to monitor WIA funds, we will continue to track monthly expenditure and obligation data on WIA 15 percent statewide and 25 percent rapid response/additional assistance funds until further notice.

POLICY AND PROCEDURES:

All subgrantees in receipt of WIA 15 percent statewide or 25 percent rapid response/additional assistance funds must provide monthly expenditure and participant reports. Failure to provide monthly financial reports may result in a cash request not being approved. The expenditure and participant reports are to be provided until notified otherwise. Financial monthly reports are not required on formula funds. These funds include the following grant codes: 201, 202, 203, 301, 501, 502 and 503. Participant monthly reports are required for all formula funded projects. Monthly reports are always due the 20th of the month following the report period. The exception is when a quarterly report is due for March, June, September, and December.

Monthly expenditures and obligations must be reported on a cumulative basis. Those subgrantees with access to the Job Training Automation (JTA) system must submit reports electronically. Since some subgrantees have not established JTA connectivity, the monthly reporting instructions below are divided into two categories: those connected and using the JTA system and those not connected to the JTA system.

1. Subgrantees connected and using the JTA system:

- Submit expenditure data for 15 percent statewide and 25 percent rapid response/additional assistance grant codes using the form shown in Attachment 1. Upon accessing the JTA system and entering the monthly report period into the EXPD screen (e.g., 04/2002), submit the required information in the appropriate sections.
- Continue to submit the Extract WIA Individual Participant Data (XWID) through the JTA system by the 20th of each month. Instructions on how to complete this form are contained in Information Bulletin [WIAB00-89](#), WIA Participant Reporting Handbook.

Note: The JTA system will total and auto-fill the TOTAL EXPENDITURES line in Section II of the EXPD report. However, keep in mind that total administrative expenditures plus administrative unliquidated obligations may not exceed the 10 percent administrative cap of the total amount allocated or distributed for the grant code.

2. Subgrantees not using the JTA system:

- Submit expenditure data for 15 percent statewide and 25 percent rapid response/additional assistance grant codes using Attachment 1. The instructions are located in Attachment 2. Fax these reports to the attention of

Marie Gastelum or Erma Mason, at (916) 654-9586 and your assigned regional advisor or program manager.

- Complete the Interim Monthly Participant Report using Attachment 3 following the instructions in Attachment 4. Fax this report to the attention of your assigned regional advisor, at (916) 653-2467 or program manager by the 20th of each month.

Grant codes are continually being added or deleted for various funding streams. The most current quarterly reporting requirements information bulletin should be consulted for the appropriate grant codes.

ACTION:

Bring this directive to the attention of the appropriate staff.

INQUIRIES:

If you have questions on financial data, please contact Marie Gastelum, Financial Management Unit, at (916) 653-0521 or Erma Mason, Financial Management Unit, at (916) 653-1465. For JTA questions, please contact the Automation Customer Support Unit's help desk, at (916) 653-0202. For participant reporting questions, please contact Damien Ladd, at (916) 654-5181.

/S/ BOB HERMSMEIER
Chief
Workforce Investment Division

Attachments

EXPD**Summary of WIA Expenditures**

Subgrantee Code: Grant Code: Term:	Subgrantee Name: Title I/Project Name Report Period:		
I. SUBGRANT INFORMATION			
1. Year of Appropriation	_____		
2. Rev No.	_____		
3. Subgrant / Contract Number	_____		
4. Subgrant Term: From:	_____		
To:	_____		
5. Total Allotment	\$ _____		
6. Final Report (Y/N/C)	_____		
II. TOTAL EXPENDITURES (ADMIN + PROGRAM)	\$ _____		
III. ADMINISTRATIVE EXPENDITURES			
1. Total Administrative Expenditures	\$ _____		
IV. OTHER REPORTABLE ITEMS (ADMIN)			
1. Non-Fed Supp (Stand-In)	\$ _____		
2. Unliquidated Obligations	\$ _____		
3. Program Income Earned	\$ _____		
4. Program Income Expended	\$ _____		
V. CUMULATIVE EXPENDITURES (PROGRAM)			
1. Core Self Services	\$ _____		
2. Core Registration Services	\$ _____		
3. Intensive Services	\$ _____		
4. Training Services	\$ _____		
5. Other / Rapid Response/ NEG	\$ _____		
6. TOTAL PROGRAM EXPENDITURES	\$ _____		
VI. OTHER REPORTABLE ITEMS (PROGRAM)			
1. Non-Fed Supp (Stand-In)	\$ _____		
2. Unliquidated Obligations	\$ _____		
3. Program Income Earned	\$ _____		
4. Program Income Expended	\$ _____		
5. Incentive Funds Expended	\$ _____		
VII. COMMENTS			
VIII. CERTIFICATION			
1. Name	2. Title	3. Phone Number	
4. Contact Name	5. Contact Title	6. Contact Phone	7. Date Submitted

[Form in MS Word](#)

Line Item Instructions for Filing a Monthly Expenditure Report (JTA and Non-JTA Users)

TO ENTER EXPENDITURE DATA INTO THE JOB TRAINING AUTOMATION (JTA) SYSTEM START WITH THE **EXPD** "OPTION" SCREEN (THOSE WITHOUT JTA LINKAGE WOULD COMPLETE THE FORM BASED UPON THE LINE-ITEM INSTRUCTIONS).

ON THE **EXPD** "OPTION" SCREEN ENTER THE FOLLOWING:

Item	Line Item Instructions
1. Subgrantee Code	Enter the Local Workforce Investment Area (LWIA)/Subgrantee three-letter alpha code assigned by the Workforce Investment Division.
2. Grant Code	Enter the JTA three-digit grant code assigned to each funding source.
3. YOA	Enter the Year of Appropriation assigned to the funding source.
4. Report Period End	For quarterly reports enter 3/xx, 6/xx, 9/xx, and 12/xx. For monthly reports enter 1/xx, 2/xx, 4/xx, 5/xx, 7/xx, 8/xx, 10/xx and 11/xx.
5. Final Report Y/N/C	Enter an "N" for no, a "Y" for yes and a "C" for the closeout. If you enter an "N" after previously entering a "Y", the previous entry will become an "X". If you previously entered a "C" and are changing to a "Y" or "N" or trying to revise the "C", the previous entry will then become a "Z".
6. Rev No.	The revision number will come up automatically.

SECTION I. SUBGRANT INFORMATION

1. Year of Appropriation	If the user has access to the JTA system these categories auto-fill based upon the first four entries made on the EXPD screen. If user does not have access to JTA, entries must be manually entered on the form.
2. Rev. No.	
3. Subgrant / Contract No.	
4. Subgrant Terms	

5. Total Allotment	If the user has access to the JTA system this category auto-fills based upon the allotment granted for each program fund stream. If user does not have access to JTA, entries must be manually entered on the form.
6. Final Report Y/N/C	If the user has access to the JTA system this category auto-fills based upon the entry to the EXPD screen. If no entries are made, the JTA defaults to "N." If user does not have access to JTA, entries must be manually entered on the form.

SECTION II. TOTAL EXPENDITURES (Administrative and Program) this area will auto-fill based upon the entries to Section III and V.

SECTION III. ADMINISTRATIVE EXPENDITURES
--

Total Administrative Expenditures	Enter the amount of <u>cumulative</u> administrative expenditures for the grant code.
-----------------------------------	---

SECTION IV. OTHER REPORTABLE ITEMS (ADMIN)
--

1. Non-Fed Supp (Stand-In)	Monthly entries not required.
2. Unliquidated Obligations MUST BE FILLED IN	<p>Enter the amount of all obligations owed but not yet paid for the program year.</p> <p>Note: "Unliquidated Obligations" are the total dollar amount of orders placed or contracts and subgrants awarded that are to be paid at a future date. Since reports must be on an accrual basis, the amount reported on this line should be the obligations incurred by the subgrantee for which an outlay has not been recorded.</p> <p>Current to date administration expenditures + Unliquidated administrative expenditures MUST NOT exceed the 10 percent administrative cap.</p>
3. Program Income Earned	Monthly entries not required.

4. Program Income Expended	Monthly entries not required.
----------------------------	-------------------------------

SECTION V. CUMULATIVE EXPENDITURES (PROGRAM) Enter the amount of cumulative expenditures for the selected grant code.
--

1. Core Self Services	Monthly entries not required.
2. Core Registration Services	Monthly entries not required.
3. Intensive Services	Monthly entries not required.
4. Training Services	Monthly entries not required.
5. Other/Rapid Response/ National Emergency Grants (NEG)	Monthly entries not required.
6. Total Program Expenditures	Enter Total Program Expenditures.

SECTION VI. OTHER REPORTABLE ITEMS (ALL PROGRAMS)
--

1. Non-Fed Supp (Stand-In)	Monthly entries not required.
----------------------------	-------------------------------

2. Unliquidated Obligations	Enter the amount of all obligations owed but not yet paid for the program year.
MUST BE FILLED IN	Note: "Unliquidated Obligations" are the total dollar amount of orders placed or contracts and subgrants awarded that are to be paid at a future date. Since reports must be on an accrual basis, the amount reported on this line should be the obligations incurred by the subgrantee for which an outlay has not been recorded.
3. Program Income Earned	Monthly entries not required.
4. Program Income Expended	Monthly entries not required.
5. Incentive Funds Expended	Monthly entries not required.

SECTION VII. COMMENTS

Enter any comments in this section.

SECTION VIII. CERTIFICATION

1. Name	Enter the name of the authorized official who will be signing the forms.
2. Title	Enter the title of the authorized official.
3. Phone Number	Enter the phone number of the authorized official.
4. Contact Person	Enter the name of the contact person to be reached in the event any questions should arise. The contact person will, in most cases, be the individual who prepares the report.
5. Contact Title	Enter the contact person's title.
6. Contact Phone	Enter the contact person's phone number.
7. Date Submitted	Date submitted will default to the actual date data is being entered.

**WORKFORCE INVESTMENT ACT
INTERIM MONTHLY PARTICIPANT REPORT SUMMARY**

☐ 15 Percent

☐ 25 Percent

1. Subgrantee Name and Address: _____	2. Subgrantee Code: _____
	3. Grant Code: _____
	4. Report Period Ending Date: _____
5. Project type: Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Youth <input type="checkbox"/>	

I. Subgrant Information				
A. Report Revision Number				
B. Subgrant Contract Number				
C. Subgrant Term:	From:		To:	
II. Participant Summary				Project Yr to Date
A. Total Participants Registered				
B. Total Participants Exiting WIA (last quarter exits)				
1. Entered Unsubsidized Employment				
a. Training Related				
2. Employability Enhancement (Adult)				
3. Youth Enhancement				
4. Exited for Other Reasons				
III. Program Activities/Services				
A. Adult and Dislocated Workers				
1. Core Services				
2. Intensive Services				
3. Training Services				
B. Youth				
1. In School				
2. Out of School				
3. Summer Related				
IV. Comments				
V. Certification				
Name:		Title:		Phone:
Signature:				Date:
Contact Name:		Title:		Phone:

Fax completed report to your assigned regional advisor or program manager by the 20th of each month.

[Form in MS Word](#)

**WORKFORCE INVESTMENT ACT
INTERIM MONTHLY PARTICIPANT REPORT
SUMMARY INSTRUCTIONS**

1. Subgrantee Name and Address	Enter the subgrantee name and address.
2. Subgrantee Code	Enter the Job Training Automation (JTA) three-letter alpha-code assigned to each subgrantee by the Workforce Investment Division (WID).
3. Grant Code	Enter the three-digit numeric code assigned to each funding source.
4. Report Period Ending Date	Enter the ending month and year of the report period for which this report is prepared.
5. Project Type	Check the appropriate project type, Adult, Dislocated Worker or Youth. Only one project type may be checked.
I. Subgrant Information	
I.A. Report Revision Number	Enter the revision number of this report. If this is the initial report for the reporting period enter "00". If this report is the first revision enter "01" and so forth.
I.B. Subgrant Contract Number	Enter the subgrant registration number assigned by the WID. This is a seven-digit code beginning with the letter R.
I.C. Subgrant Term	Enter the beginning (From) and ending (To) dates for the term of the subgrant.
II. Participant Summary	
II.A. Total Participants Registered	Enter the total participants who have completed the intake/eligibility process and have enrolled in the program through the end of the report period.
II.B. Total Participants Exiting WIA (last quarter exits)	Enter the total participants who have exited the program through the last quarter. For example, for a report filed for April, May, or June 2002, the end of the last quarter would be March 31, 2002. For each of these three monthly reports, enter the number of participants who exited WIA from the beginning of your program through March 31, 2002. A report for July through September 2002 would indicate total participants exiting from the beginning of your program through June 2002. Total Participants Exiting must equal the sum of lines II.B.1. through II.B.4.
II.B. 1. Entered Unsubsidized Employment	Enter the total number of participants exiting the program who have obtained an unsubsidized job.
II.B. 1.a Training Related	Enter the total number of participants in II.B.1. above who obtained unsubsidized employment that was related to the training received.

II.B. 2. Employability Enhancement (Adult)	Enter the total number of adults exiting the program that entered advanced training or postsecondary education, attained a nationally recognized degree or certificate, or state/locally recognized credential.
II.B. 3. Youth Enhancement	Enter the total number of youth exiting the program that entered advanced training or postsecondary education, or obtained a GED or a high school diploma.
II.B. 4. Exited for Other Reasons	Enter the total number of participants exiting the program for other reasons than those identified in lines II.B.1, II.B.2, or II.B.3.
III. Program Activities/Services	
III.A. Adult and Dislocated Workers	This section of the report tallies the number of participants that received program services. Since an individual can receive more than one service, the totals in lines A.1 through A.3 will not add to the total participants registered. Only complete either Part A or B depending on your project type.
III.A. 1. Core Services	<p>Enter the total number of participants that received core services. If a participant received more than one core service, count only one. Core services can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Follow-up Services, Counseling • Staff Assisted Job Development • Staff Assisted Job Referrals • Staff Assisted Job Search, Placement • Staff Assisted Workshops/Job Clubs • Other Non-WIA Funded Core Services <p>Also see WIA regulations 662.240 for a more complete description of core services.</p>
III.A. 2. Intensive Services	<p>Enter the total number of participants that received intensive services. If a participant received more than one intensive service, count only one. Intensive services can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Comprehensive assessments • Development of Individual Employment Plan • Group counseling • Individual counseling and career planning • Case management • Short-term prevocational services <p>Also see WIA Section 134(d)(3)(C) for a more complete description of intensive services.</p>

III.A. 3. Training Services	<p>Enter the total number of participants that received training services. If a participant received more than one training service, count only one. Training services can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Adult education • Customized training • Entrepreneurial training • Job readiness training • Occupational skills training • On the job training • Private sector training • Skill upgrading and retraining • Workplace training and cooperative education programs. <p>Also see WIA Section 134(d)(4)(D) for a more complete description of training services.</p>
III.B. Youth	This section of the report tallies the number of youth participants that received program services. The totals in lines B.1 and B.2 must add to the total youth participants registered.
III.B.1. In School	Enter the number of in school youth that received services under your youth program
III.B.2. Out of School	Enter the number of out of school youth that received services under your youth program.
III.B.3. Summer Related	Enter the number of youth that received summer related youth program services.
IV. Comments	
Comments	Enter any comments necessary to explain discrepancies or clarify items in the report.
V. Certification	
Name	Enter the name of the authorized individual who will be signing the form.
Title	Enter the authorized individual's title.
Phone	Enter the authorized individual's phone number.
Signature	The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data and in compliance with the WIA program.
Date	Enter the date the report is submitted.
Contact Name	Enter the name of a contact person in the event any questions should arise concerning information on the report.
Title	Enter the contact person's title.
Phone	Enter the contact person's phone number.